
**COCONINO COUNTY COMMUNITY SERVICES SOCIAL SERVICES
DOCUMENTS REQUIRED FOR EVERY INTAKE:**

Please be advised that if you do not have required documents, you will not be seen and must return on another day. Additional documents may be requested during your intake. Please provide original documents, no copies.

- ☐ Picture IDs for all household members over the age of 18
 - ☐ Original Birth Certificates, current passport, naturalization documentation, or CIBs for all household family members. Ask staff about other acceptable documents
 - ☐ Original Social Security cards for all household family members. (If you are missing a social security card(s) or Social Security award letter(s): Register at www.socialsecurity.gov/myaccount or call: 1-(800) 772-1213 to request your documents
 - ☐ Guardianship/custody documents for children you are caring for.
 - ☐ Supporting Crisis Documentation: Provide ANY/ALL documentation regarding your crisis (i.e. including but not limited to: receipts, hospital discharge papers, physicians note, termination or laid off notice from employer, etc.)
 - ☐ Income for **ALL** household members for the last 30 days (i.e. including, but not limited to: current Social Security award letters, paystubs, child support (printout of payments received), unemployment verification (printout of payments received), self-employment income, and retirement/pensions etc.. NO BANK STATEMENTS
 - ☐ Current lease listing ALL household family members. An addendum will be needed if: A member of your household is no longer on the lease or the monthly rent has changed or the lease is out dated. Check with your Landlord to see if they have received assistance from Coconino County before. If they have not they will need to fill out a W-9 to be paid. If you own, please bring in your property tax record.
 - ☐ Provide a current Supplemental Nutrition Assistance (food stamp) Award Letter **listing household members** and award amount
 - ☐ If you are on Section 8 Housing: Please provide a current worksheet showing your utility allowance
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- ☐ For utility bill assistance: Provide **past due &/or current utility bills** showing all charges. Assistance provided is for: gas, electric, wood, propane, and water. For propane, please provide an invoice from the propane company
- ☐ For utility bill deposits: Provide name of utility company, account number, & amount of deposit
- ☐ For rental/mortgage assistance: Provide a 5/7 Day Late Notice or Eviction Notice indicating the amount due or current mortgage statement. Due to limited funding, the County is unable to cover the entire rent/mortgage. We do not assist with late charges. The landlord must provide a written statement indicating he/she will work with you on the balance
- ☐ For move-in assistance: Ask staff for a **Move-In Confirmation Form**. We do not assist with move-in deposits &/or late fees. **REQUIRED:** Rental Deposits will be asked to be paid prior to completion of services. Please bring receipt or proof of payment.

OFFICE HOURS: **Flagstaff:** Monday – Friday, 8 – 5 p.m.
(Excluding federal holidays)

INTAKE HOURS: Case workers are seen Monday-Friday beginning at
8:00 a.m. – 3:00 p.m.

Intakes will be received until slots are filled or until 3:00 P.M., whichever comes first.
2625 N. King Street Flagstaff, Arizona 86004
(928) 679-7453 or 1-((928) 822-9298
(928) 679-7461 (Fax)

NOTE: Coconino County Community Services does its best to fulfill all requests for assistance. However, assistance is limited, but not solely, to the availability of funds and eligibility of applicants as defined by the program and funder guidelines. We reserve the right to deny an application for assistance based on failure of the applicant's compliance and/or failure to meet program or funder guidelines and/or requirements. Therefore, any application request for services is not a guarantee of assistance.

BUDGET WORKSHEET

FOR LAST 30 DAYS

TO BE FILLED OUT BY CLIENT

CLIENT NAME: _____

DATE: _____

INCOME	
Job Employment, FT/PT, Day Labor, Baby Sitting, Yard Work, Housekeeping, etc.	\$ _____
Social Security (SS, SSI, SSDI)	\$ _____
Welfare (Cash Assistance, GA)	\$ _____
VA (Veterans Compensation)	\$ _____
Unemployment Compensation	\$ _____
Child Support/Alimony	\$ _____
School Loan(s) or Educational Grant	\$ _____
Section 8 Utility Allowance	\$ _____
Gifts/Donations	\$ _____
Other/Tribal Stipends	\$ _____
Food Stamps	\$ _____
WIC	\$ _____
TOTAL INCOME:	\$ _____

Difference in Income to Expenses +
Difference in Income to Expenses -

BILLS	
Rent/Mortgage, Taxes on Home, Ins on Home	\$ _____
Electricity, Gas, Propane, Wood/Pellets, Water, Other Utility	\$ _____
Car Payment, Car Ins. Gas, Bus Fare	\$ _____
Child Care, Child Support, Education, Child School Activities	\$ _____
Food, Pet supplies, Clothing, Diapers, Personal Items	\$ _____
Medical, Dental, Life/Health Ins	\$ _____
Telephone/ Internet Services	\$ _____
Other Utilities: Cable, TV, etc	\$ _____
Recreation/Entertainment/ DVD Rental/live streaming	\$ _____
Loans/Credit Cards	\$ _____
Court Fees	\$ _____
Other	\$ _____
TOTAL EXPENSES:	\$ _____

Percent of Rent/Net Income %

Coconino County Community Services Application for Service

PROGRAM(s) APPLYING FOR:	PROGRAM:	SERVICES INCLUDE:	
	<input type="checkbox"/> SOCIAL SERVICES	Rental/Mortgage/Utility (including deposits) Assistance	<i>Form A</i>
	<input type="checkbox"/> SENIOR SERVICES	Case Management, Senior Nutrition, Homecare Services	<i>Form B</i>
	<input type="checkbox"/> EMPOWERMENT	Basic Business Empowerment, Individual Development Accounts	<i>Form C, Form C1 (BBE), C2 (IDA)</i>
	<input type="checkbox"/> HOUSING REHAB	Owner Occupied Housing Rehabilitation	<i>Form D</i>

NUMBER OF ADULTS LIVING IN HOUSEHOLD: NUMBER OF CHILDREN LIVING IN HOUSEHOLD: TOTAL FAMILY SIZE:	<input style="width: 100px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>	Date moved to Coconino County (mm/dd/yy) _____ Date moved to Arizona (mm/dd/yy): _____
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Do you work for Coconino County?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, what department?	_____
Does any family member work for Coconino County?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, what department?	_____
Do any family or friends work for Community Services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, what is their name?	_____
Do you live on a reservation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, which one?	_____
Is anyone in your household 60 or over?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, which one?	_____

Please complete the following sections with the Applicant information ONLY:

APPLICANT NAME:	APPLICATION DATE:
_____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First M.I. Last </div>	_____ _____
PHYSICAL ADDRESS:	
_____ _____ _____	
CITY/STATE/ZIP:	_____
MAILING ADDRESS	_____
(if different):	_____
CITY/STATE/ZIP:	_____

Coconino County Community Services

Application for Service

HOME PHONE NUMBER: _____ EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____ CELL PHONE PROVIDER: _____

Would you accept texts as a way to contact you? ☐ YES ☐ NO

SSN#: _____ BIRTH DATE (MM/DD/YEAR): _____

PRIMARY LANGUAGE SPOKEN: _____

HOUSING STATUS:

- ☐ Own
- ☐ Rent
- ☐ Homeless
- ☐ Subsidized
- ☐ No-Pay
- ☐ Other - Please describe: _____

MARITAL STATUS:

- ☐ Single
- ☐ Married
- ☐ Divorced

- ☐ Widowed
- ☐ Other

FAMILY TYPE:

- ☐ Single Adult
- ☐ Single Parent
- ☐ Two-Parent Household
- ☐ Two Adults, No Children
- ☐ Multiple Adults, No Children

- ☐ Multiple Adults, with Children
- ☐ Grandparent raising Grandchild
- ☐ Extended Family (Aunts, Uncles, Cousins, In-laws)
- ☐ Multi-Generational (Grandparents, Parents, Children)

ARE YOU IN NEED OF LEGAL SERVICES? If yes, what kind?

YES

NO

Financial (Collections, Bankruptcy)
Housing (Evictions, landlord/tenant rights)
Criminal
Consumer Protection (Scams/Identity Theft)
Income (Social Security/Disability, Workers
Comp)

Vehicle (Accidents, Repossessions)
Employment Law
Wills/Power of Attorney
Family (Divorce, Separation, Custody, Support,
Domestic Violence)

Coconino County Community Services Application for Service

PLEASE COMPLETE THE FOLLOWING FOR ALL FAMILY/HOUSEHOLD MEMBERS:

Relationship to Applicant	First Name	MI	Last Name	SSN#	Veteran	Active Military	Gender	DOB	Disabled	Last Grade Completed	Race	Ethnicity	Health Ins.
					Y/N	Y/N	M/F	MM/DD/YY	Y/N	Use Guide Below		Y/N	Type (See Guide)
1													
2													
3													
4													
5													
6													
7													
8													
9													

GUIDE:

RACE: WH - White
 BL - Black/African-American
 AI - American Indian/Alaska Native
 AS - Asian
 NH - Native Hawaiian/Other Pacific Islander
 OT - Other
 MR - Multi/Mixed Race

ETHNICITY: HL - Hispanic or Latino
 NH - Not Hispanic or Latino

LAST GRADE COMPLETED: EL - 0-8th Grade
 HS - 9-12th Grade
 HSG - High School Graduate/GED
 PS - Some Post Secondary
 AD - College Graduate - Associates' (2 year)
 BD - College Graduate - Bachelors' (4 year)
 MD - College Graduate - Masters' (6 year)

HEALTH INSURANCE Indian Health Services (IHS)
TYPE: Medicaid
 Medicare
 AHCCCS
 State Child Health Insurance
 Military Health Care (VA, Tricare)
 Direct Purchase
 ACA Subsidy
 Employment
 None

Coconino County Community Services

Application for Service

PLEASE LIST ALL FAMILY/HOUSEHOLD INCOME:

	Name of Family Member	Employer/ Source of Income	Address/Phone	Frequency of Pay (Weekly, Biweekly, Monthly, etc.)	Employment Status (Full-time, Part-time, On-Call, Seasonal, Internship, Work Study)	If unemployed, when was your last date of work?
1						
2						
3						
4						
5						

INDICATE ALL INCOME AND BENEFITS RECEIVED IN THE LAST 30 DAYS (CHECK ALL THAT APPLY)

TYPE OF INCOME		MONTHLY AMOUNT		TYPE OF INCOME	MONTHLY AMOUNT
<input type="checkbox"/>	Employment		<input type="checkbox"/>	TANF	
<input type="checkbox"/>	Unemployment		<input type="checkbox"/>	General Assistance	
<input type="checkbox"/>	SSI		<input type="checkbox"/>	Retirement	
<input type="checkbox"/>	SSDI		<input type="checkbox"/>	Veteran's Pension	
<input type="checkbox"/>	Veteran's Disability		<input type="checkbox"/>	Pension from Job	
<input type="checkbox"/>	Private Disability		<input type="checkbox"/>	Child Support	
<input type="checkbox"/>	Worker's Compensation		<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	Self-Employment		<input type="checkbox"/>	School Grants/Scholarships/Loans/EITC	
<input type="checkbox"/>	SNAP (Food stamps)		<input type="checkbox"/>	Adoption/Guardianship Stipend	
<input type="checkbox"/>	VA Non-Service Connected Disability Pension		<input type="checkbox"/>	VA Service Connected Disability Pension	

Notes:

Coconino County Community Services

Application for Service

INDICATE ALL NON CASH BENEFITS/SERVICES RECEIVED IN THE LAST 30 DAYS (CHECK ALL THAT APPLY)

	SNAP - Food Assistance		Child Support Enforcement Referral
	Clothing Voucher Referral		NACOG (Weatherization/Senior Services) Referral
	WIC		Catholic Charities
	Head Start		St. Vincent de Paul
	Your Local Church		Housing Choice Voucher
	LIHEAP		Childcare Voucher
	HUD-VASH		Permanent Supportive Housing
	Public Housing		Other: _____

Notes:

Form A: Social Services Intake Application

FRONT DOOR REFERRAL: ☐ YES ☐ NO

Do you live in Subsidized Government Housing (Conventional or Section 8) ☐ YES ☐ NO
If yes, do you receive a separate check for utilities? Amount? \$ _____ ☐ YES ☐ NO

YOU MUST PROVIDE YOUR CURRENT SECTION 8 WORKSHEET.

Check boxes for requested assistance and complete required information:

☐ **FOR ANY UTILITY ASSISTANCE:**

1. WHAT IS YOUR ONE MAIN SOURCE OF HEAT?

☐ Electric ☐ Propane ☐ Other (Please describe) _____
☐ Gas ☐ Wood

2. COMPANY (MAIN HEAT SOURCE ONLY) _____

3. ACCOUNT NUMBER: _____

4. DISCONNECTED/SHUT-OFF ☐ YES ☐ NO

5. PAST-DUE/SHUT-OFF NOTICE/NEARLY OUT OF FUEL? ☐ YES ☐ NO _____ % Propane

6. ELECTRIC COMPANY NAME (If not main heating source): _____

7. ACCOUNT NUMBER: _____

☐ **FOR UTILITY DEPOSITS ONLY:**

Electric Account #: _____ Deposit Amount: _____
Gas Account #: _____ Deposit Amount: _____

☐ **FOR RENTAL/MORTGAGE ASSISTANCE ONLY:**

Landlord Name/Mortgage Company _____
Address _____
Telephone # and Fax # _____

PLEASE EXPLAIN IN DETAIL THE CRISIS/CIRCUMSTANCES YOU ARE CURRENTLY EXPERIENCING:

(continue on back of page if additional space is needed)

Form A: Social Services Intake Application

APPLICANT'S STATEMENT OF TRUTH

Under penalty of perjury and acknowledged by my signature below, I swear and affirm that the statements made regarding the persons in my home, and the income, resources, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge. If through Coconino County Community Services' verification of information it is discovered that any income, household members or other information was left out or misrepresented, the client will be denied services on that day and suspended from applying for services for one year from that application date.

Bajo penalidad de perjurio v reconocido por mi firma abajo, yo juro o afirmo que las declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedad y todas cosas demás que pertenecen a mi elegibilidad posible por beneficios son verdades y ciertas según mi leal entender y saber.

SIGNATURE

DATE



COCONINO COUNTY COMMUNITY SERVICES

2625 N. King Street

Flagstaff, Arizona 86004

(928) 679-7425 Fax: (928) 679-7461

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, THE UNDERSIGNED, understand that it may be necessary for COCONINO COUNTY COMMUNITY SERVICES and its authorized agents to obtain information from other agencies and entities in order to determine eligibility for assistance I have requested from COCONINO COUNTY COMMUNITY SERVICES.

I authorize and request any public, governmental, or private institution and its authorized agents, including but not limited to:

- Other Social Service Agencies
- Military Personnel
- Physicians
- Utility Companies
- Hospitals
- Employers
- Credit Bureaus
- Landlords and Their Agents
- Advocacy Agencies

To give **COCONINO COUNTY COMMUNITY SERVICES** or its authorized agent any and all information which it may request in the form of oral or written reports, opinion, findings, personnel and employment records, military records, credit records, all medical records, statement of charges or otherwise or rental records, regarding any incident about which you may have knowledge, information or access, or about which you may have rendered services or consultation.

I, THE UNDERSIGNED, also understand that it may be necessary for **COCONINO COUNTY COMMUNITY SERVICES** or its authorized agents to release information obtained from me or authorized sources to other assistance programs in order to obtain assistance through **COCONINO COUNTY COMMUNITY SERVICES** and the various assistance programs which it administers.

Though I hereby waive any privilege I have to this information to **COCONINO COUNTY COMMUNITY SERVICES**, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A Photocopy or other chemical reproduction of this authorization shall serve in its stead.

Signature

Printed Name

Date

SELF ASSESSMENT TOOL: (To be completed by Applicant) Please circle the correct number to each category that best describes your current situation TODAY (one (1) choice per category). If a category does not apply to your situation for i.e. if you have no children-in the Childcare Category, please put N/A for Not Applicable.

Applicant's Name: _____

Date of Application: _____

Date Closed: _____

Food

1. Household has no food and no means to store/prepare it.
2. Household has no food.
3. Relies to a significant degree on other sources of free or low-cost food. Unaware of available food subsidies, i.e. WIC, food stamps, etc.
4. Household relies only on food stamps or other regular food subsidy to meet basic needs, ie. WIC, Senior Brown bags, etc.
5. Household is on Food Stamps and with income able to meet basic needs but requires occasional assistance.
6. Household is on food stamps and with income able to meet basic food needs.
7. Household is not on food stamps and with income is able to meet basic food needs with occasional food assistance.
8. Can meet basic food needs without any type of assistance.
9. Can meet all food needs without any type of assistance.
10. Can choose to purchase any food household desires.

Transportation

1. Transportation, public or private, is NOT available
2. Transportation is available but all three of the following categories apply: Unreliable, Inaccessible, unaffordable.
3. Transportation is available and one of the following categories apply: Reliable, Affordable, Accessible.
4. Transportation is available and two of the following categories apply: Reliable, Affordable, Accessible.
5. Transportation is available to meet basic needs but may require intermittent or one time assistance and all of the following categories apply: Reliable, Affordable, Accessible.
6. Transportation is available to meet basic needs and all of the following categories apply: Reliable, Affordable, Accessible.
7. Transportation is available to meet all needs and one of the following categories apply: Reliable, Affordable, Accessible.
8. Transportation is available to meet all needs and two of the following categories apply: Reliable, Affordable, Accessible.
9. Transportation is available to meet all needs and all of the categories apply: Reliable, Affordable, Accessible.

10. Transportation is available, household has alternative methods of transportation or multiple vehicles and all of the following categories apply: Reliable, Affordable, Accessible.

Child or Other Dependent Care

1. Childcare, public or private, is NOT available.
2. Childcare is available but all three of the following categories apply: Unreliable, Inaccessible, Unaffordable.
3. Childcare is available and one of the following categories apply: Reliable, Accessible, Affordable.
4. Childcare is available and two of the following categories apply: Reliable, Accessible, Affordable.
5. Childcare is available but may require intermittent or one time assistance to meet basic needs and all of the following categories apply: Reliable, Affordable, Accessible.
6. Childcare is available to meet basic needs and all of the following categories apply: Reliable, Affordable, Accessible.
7. Childcare is available to meet all needs and one of the following categories apply: Reliable, Affordable, Accessible.
8. Childcare is available to meet all needs and two of the following categories apply: Reliable, Affordable, Accessible.
9. Childcare is available to meet all needs and all of the following categories apply: Reliable, Affordable, Accessible.
10. Childcare is available, household has multiple options for childcare and all of the following categories apply: Reliable, Affordable, Accessible.

Housing

1. Homeless: Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (car, tent, alley, park, street); Living in a shelter designated to provide temporary living arrangement.
2. Threatened with eviction/foreclosure or eminent exit of transitional housing: Do not have sufficient resources or support networks immediately available to prevent literal homelessness as defined in category.
3. Housed and none or one of the following apply: Safe, Affordable, Marginally adequate.

SELF ASSESSMENT TOOL: (To be completed by Applicant) Please circle the correct number to each category that best describes your current situation TODAY (one (1) choice per category). If a category does not apply to your situation for i.e. if you have no children-in the Childcare Category, please put N/A for Not Applicable.

Applicant's Name: _____

Date of Application: _____

Date Closed: _____

4. Housed and two of the following apply: Safe, Affordable, Marginally adequate.
5. Housed but may require intermittent or one time assistance and all of the following apply: Safe, Affordable, Marginally Adequate.
6. Housed and all of the following apply: Safe, Affordable, Marginally Adequate.
7. Housed and all of the following apply: Safe, Affordable, Adequate.
8. Housed (unsubsidized) and all of the following apply: Safe, Affordable, Adequate.
9. Housing of choice (unsubsidized), including all of the following: Safe, Affordable, More than adequate.
10. Home ownership, including all of the following: Safe, Affordable, More than adequate.

Employment

1. Unable to work due to severe disability, mental illness, medical condition, etc.
2. Unemployed with limited ability to work due to physical disability, mental illness, medical condition, etc.
3. Unemployed with limited job skills and/or poor work history.
4. Unemployed with job skills and/or poor work history.
5. Employed (less than 32 hours per week) with no benefits, limited job skills, and/or poor work history.
6. Employed (less than 32 hours per week) with some benefits with limited job skills and/or good work history.
7. Employed (32 or more hours per week) with no benefits with adequate job skills and/or good work history.
8. Employed (32 or more hours per week) with some benefits with adequate job skills and/or good work history.
9. Fully employed (40 or more hours a week) with full benefits with good job skills, work history, and opportunities for advancement.
10. Fully employed (40 or more hours a week) with full benefits in a field of choice with good job skills, work history, and opportunities for advancement.

Health Care

1. No medical insurance coverage with immediate unmet health issues and no means to fill needed prescriptions.
2. No medical insurance coverage, has health insurance, and no means to fill needed prescriptions.
3. No medical insurance coverage, has health issues, would need ongoing assistance with any needed prescriptions.
4. No medical insurance coverage, have no health issues.
5. Some household members are covered by Federal/State insurance programs.
6. Entire household covered by Federal/State medical insurance programs.
7. Entire household covered by private insurance by co-pays are sometimes unaffordable and may require 1 time or intermittent assistance.
8. Entire household covered by private insurance and able to obtain medical are when needed, but unexpected events may strain budget.
9. Affordable private medical insurance coverage with low or affordable co-pays and deductibles.
10. Affordable private, dental, vision, and prescription insurance coverage with low or affordable co-pays and deductibles.

Adult Education/Training

1. Less than 8th grade education, no GED, and learning disabled, literacy problems, or language barriers.
2. Completed 8th grade, no GED, no high school diploma
3. Completed some high school, limited reading and writing ability, no diploma or GED.
4. Completed some high school or pursuing GED.
5. GED
6. High School Diploma
7. Some college credit and/or vocational training but not completed or actively pursuing.
8. Enrolled and actively pursuing the completion of college, vocational training/certification program.
9. Completed AA or vocational/certification program.
10. Bachelor's or advanced degree.

SELF ASSESSMENT TOOL: (To be completed by Applicant) Please circle the correct number to each category that best describes your current situation TODAY (*one (1) choice per category*). If a category does not apply to your situation for i.e. if you have no children-in the Childcare Category, please put N/A for Not Applicable.

Applicant's Name: _____

Date of Application: _____

Date Closed: _____

Financial Knowledge/Management

1. Crisis – no knowledge or awareness of financial knowledge/management
2. Crisis - minimal awareness of financial knowledge/management and no skill
3. Vulnerable – limited awareness of financial knowledge/management – no savings to address emergencies
4. Vulnerable – limited awareness of financial knowledge/management with limited savings to address emergencies
5. Safe – awareness of financial knowledge/management with savings to address emergencies/maintenance
6. Safe – awareness of financial knowledge/management with savings to address emergencies/maintenance and has a developed budget
7. Stable – practicing financial management strategies to address emergencies/maintenance and following a budget
8. Stable – practicing financial management strategies to address emergencies/maintenance and addressing long term planning.
9. Empowered – practicing financial management strategies to ensure up to 3 months of savings is available to address living expenses, emergencies, maintenance.
10. Empowered – practicing financial management strategies and more than 3 months of savings is available to address living expenses, emergencies, maintenance, and other assets exist